

## POWER OF ATTORNEY BY APPLICANT

I hereby revoke all previous powers of attorney given in the application identified in the attached transmittal letter.

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the application referenced in the attached transmittal letter (form PTO/AIA/82A or equivalent):

78102

OR

I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s), and to transact all business in the United States Patent and Trademark Office connected therewith for the application referenced in the attached transmittal letter (form PTO/AIA/82A or equivalent):

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
|      |                     |      |                     |
|      |                     |      |                     |
|      |                     |      |                     |
|      |                     |      |                     |
|      |                     |      |                     |
|      |                     |      |                     |

Please recognize or change the correspondence address for the application identified in the attached transmittal letter to:

The address associated with the above-mentioned Customer Number.

OR

The address associated with Customer Number:

OR

Firm or Individual Name

Address

City

Country

Telephone

State

Zip

Email

I am the Applicant:

Inventor or Joint Inventor

Legal Representative of a Deceased or Legally Incapacitated Inventor

Assignee or Person to Whom the Inventor is Under an Obligation to Assign

Person Who Otherwise Shows Sufficient Proprietary Interest (e.g., a petition under 37 CFR 1.46(b)(2) was granted in the application or is concurrently being filed with this document)

### SIGNATURE of Applicant for Patent

|           |                     |      |                   |
|-----------|---------------------|------|-------------------|
| Signature | <i>James Elsner</i> | Date | December 19, 2012 |
|-----------|---------------------|------|-------------------|

|      |                     |           |              |
|------|---------------------|-----------|--------------|
| Name | <i>James Elsner</i> | Telephone | 615-343-2430 |
|------|---------------------|-----------|--------------|

|                   |  |
|-------------------|--|
| Title and Company | Director of Commercial Operations, Vanderbilt University |
|-------------------|--|

NOTE: Signature - This form must be signed by the applicant in accordance with 37 CFR 1.33. See 37 CFR 1.4 for signature requirements and certifications. Submit multiple forms for more than one signature, see below.\*

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.